

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09124086** | FILING DATE **5/22/00**
 APPLICANT(S) **091254888**

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2	1		1		1		52						
3		2		1		1	53						
4	1		1				54						
5		1		1		1	55						
6		1		1		1	56						
7		1		1		1	57						
8		1		1		1	58						
9		1		1		1	59						
10	1		1				60						
11		1		1			61						
12					1		62						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		4		4		TOTAL IND.						
TOTAL DEP.		2		1		1	TOTAL DEP.						
TOTAL CLAIMS			4	1	5		TOTAL CLAIMS						

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CLAIMS ONLY

Application Number

09/554,882

Filing Date

5/22/00

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 6/19/04		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	4											
Total Depend	19											
Total Claims	23											
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Total Claims												

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